



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 5393

<b>SERIAL NUMBER</b> 09/553,043	<b>FILING DATE</b> 04/20/2000 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2623	<b>ATTORNEY DOCKET NO.</b> 772/7321-2
<b>APPLICANTS</b> Noah Clinch, Kent, UNITED KINGDOM; John R. Maddison, Kent, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 99303070.9 04/21/1999 EUROPEAN PATENT OFFICE (EPO) 99307555.5 09/24/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/10/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 25269				
<b>TITLE</b> Microscopy				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>SERIAL NUMBER</b> 09/553,043	<b>FILING DATE</b> 04/20/2000 <b>RULE</b> -	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2721	<b>ATTORNEY DOCKET NO.</b> 772/7321-2	
<b>APPLICANTS</b> Noah Clinch, Kent, UNITED KINGDOM;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 99303070.9 04/21/1999 EUROPEAN PATENT OFFICE (EPO) 99307555.5 09/24/1999					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/10/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b>  John P DeLuca Esq Dykema Gossett PLLC Third Floor West 1300 I Street NW Washington, DC 20005-2477 <i>#200269</i>					
<b>TITLE</b> Microscopy					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		